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FOR INFORMATION

COUNTRY NOTE**

Cameroon

SUMMARY

The Executive Director presents the country note for Cameroon regarding the programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Cameroon, whose boundless agricultural and mineral resources helped raise it to the level of a middle-income country, has about 13 million inhabitants and is a bilingual State with a French-speaking majority. In 1994, following a decline in its per capita gross national product (GNP) from US$ 1,010 in 1988 to $680 in 1994, it became a low-income country. In 1996 it adopted a new Constitution that aims to establish administrative decentralization and strengthened local structures. The protection of the family, children and women are also covered by the Constitution, thus offering an unprecedented opportunity for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women.

* E/ICEF/1997/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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2. The structural adjustment programmes and the devaluation of the CFA franc in 1994 produced good macroeconomic results on the one hand but, on the other, contributed to the increase in the number of poor families, particularly in urban areas. The extent of the recession, the reductions in jobs and salaries (in the civil service, over 80 per cent in two years), and unemployment have triggered a restructuring of the economy by forcing the development of an informal sector in which women, children and young people are heavily represented. The country's heavy external indebtedness led the authorities to cut back drastically on public expenditure, especially in the social sectors.

3. Although Cameroon has developed an extensive health infrastructure, the health-care system does not meet the needs of a majority of the people. In such a deteriorating social context, the health conditions of children and women remain a matter of concern. Indeed, although the infant mortality rate improved between 1987 and 1995, dropping from 95 to 66 per 1,000 live births, the under-5 mortality rate remains high, at 106 per 1,000 live births. This is due in part to inadequate action targeted specifically at the causes of mortality in this age group: malaria, acute respiratory infections, diarrhoeal diseases and measles, aggravated by the fact that about a quarter of the children under 5 suffer from either moderate or severe malnutrition.

4. The relatively well-developed educational system is undergoing a general decline; the school-enrolment rate dropped from 68 per cent in 1991 to 59 per cent in 1994 (the figures are from the Ministry of National Education), and there are great disparities according to region, sex and social stratum. In Adamawa, North and Far North provinces, the school-enrolment rate for boys was 50 per cent, while only 30 per cent of girls were enrolled. The drop-out and unenrolled rate for girls stands at 20 per cent, and this makes for large numbers of women who are unprepared to participate as they should in the development of Cameroonian society. One out of every two women cannot read, which is explained partly by the unenrolled rate, the lack of access to education by girls and the stranglehold of traditional practices reinforced by customary laws that do not recognize equal status for women.

5. The social status of women in Cameroon, who represent 52 per cent of the population, remains precarious. The maternal mortality rate is estimated to be 550 per 100,000 live births and may reach 900 in Far North province owing to the paucity of health centres for treatment and referral. The incidence of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is now being assessed, especially among pregnant women; estimates by the Ministry of Health seem to indicate that the rate is rising and that women between the ages of 15 and 35 are the most vulnerable.

LESSONS DRAWN FROM RECENT PROGRAMME EXPERIENCE

6. The achievement of programme objectives such as iodization of salt and the use of oral rehydration therapy has generated a certain optimism about the likelihood of developing a more ambitious programme for the empowerment of communities and the strengthening of national capabilities. Despite the half-hearted implementation of the Bamako Initiative through the redirection of attention to primary health care (PHC), a national strategy has been adopted,

the legal framework set up and a frame of reference established for the revitalization of the UNICEF-supported health centres in the provinces. The Government is still very dependent on foreign aid to ensure that the system works. An assessment of cooperation has highlighted the different perceptions emerging from the vertical, integrated approaches, which fall short particularly when it comes to coverage under the expanded programme on immunization, and from the relative balkanization of other donor programmes.

7. As part of the assessment of the previous programme and of the collaboration with the World Bank, a study on poverty in Cameroon has furnished data on the situation of children and women in the family setting, particularly in single-parent families dependent on women. The recommendation is that the next cooperation programme should rely on the kind of advocacy that will encourage the Government and all the other social partners to make a greater financial commitment.

8. Insufficient access by women and girls to education and information is a major constraint in changing harmful health patterns and in perpetuating gains. One initiative that deserves to be continued concerns the education of girls in Far North province. This successful experiment by UNICEF and the Government has enabled more than 25,000 girls to remain in school and allowed the communities to participate in the education of their children by organizing in-school libraries and furnishing equipment to parents' associations. In the next programme, this approach will be extended to the other regions. In addition, better statistics regarding education and the other sectors has proven to be absolutely necessary, because the lack of data has prevented decisions from being taken on the planning of social services.

9. In the previous programme, a great deal of attention was given to provision of services. In view of the deterioration in the economic and social situation and the inadequacy of basic services, UNICEF has shifted attention in the new programme towards strengthening national capacity to combat the spread and intensification of poverty.

PROPOSED COUNTRY PROGRAMME STRATEGY

10. The programme is situated within the framework of implementation of the two Conventions and of the Government's social policy programme. It deals with social policy planning, health, education and advocacy, and has the following objectives: (a) to defend the rights of children and women and ensure that their survival, protection and development are given priority in the implementation of socio-economic policies and in the struggle against poverty; and (b) to help enhance the efficiency and effectiveness of priority social sectors in order to meet the needs of the poor, principally women and children.

11. The proposed programme was prepared in collaboration with the ministries responsible for the socio-economic sectors, under the supervision of the Ministry of Economic Affairs and Finance. United Nations agencies, the World Bank, bilateral cooperation agencies and other donors, as well as national and international non-governmental organizations (NGOs) also participated.

12. Social policy planning and statistics will be monitored at the national level. Specific activities in the field of health and education will be carried out in the most underserved zones of Cameroon, namely, the northern provinces (Adamawa, North, Far North) and in the East province, for the children of ethnic minorities and for children in especially difficult circumstances in the towns of Yaoundé and Douala. UNICEF will continue to provide vaccines and to support information, communication and social mobilization efforts in all 10 regions of the country.

13. The specific strategies on which the programme is based are: (a) advocacy, by strengthening legal mechanisms for the protection of the rights of children and women, and by defining and implementing national social policies and programmes; (b) capacity-building, by supporting the decentralization process in order to increase community participation and help reduce disparities based on sex or culture; and (c) strengthening national capacity, by providing training at all levels and giving importance to the participation of women.

14. The social policy planning and statistics programme has two components: (a) support for the design and implementation of social programmes benefiting women and children; and (b) support for the establishment of a social statistics system which will provide a basis for planning, decision-making and evaluating the implementation of the two Conventions. Activities will help to strengthen national capacity in respect of planning, monitoring and evaluation and the coordination of activities in the social sectors.

15. The health and nutrition programme consists of an integrated primary health care (PHC) project based on the Bamako Initiative that will synchronize efforts based on strategies which make the health district the point of entry for future activities. Specific activities will be undertaken in five districts of Adamawa based on criteria of poverty, low-level utilization of services and equity. Women's groups, youth associations, teacher/student and national non-governmental organizations will be encouraged to play a more active role. In health education emphasis will be placed on interpersonal and traditional communication. At the national level, the Government will be helped so that it can achieve the decade goals aimed at reducing the under-five mortality and morbidity rates. Specific safe motherhood activities will be introduced in family health education and training programmes. Lastly, at the regional and national level, the project will contribute to capacity-building for supporting and designing health strategies.

16. The basic education programme consists of two projects. The girls' education project aims to expand the current project, which has already reached 25,000 girls in the northern provinces, to the East province, and to Douala and Yaoundé. In five years, this would bring the number of girls provided with schooling and prepared for life to an estimated 60,000. The women's empowerment project is a new activity which will promote activities for the advancement of women, as well as training in income-generating activities and household management. It will also offer training to young girls who have dropped out of school to marry or because they are pregnant. It will be carried out in the same regions as the girl's education project and will complement that activity.

17. The advocacy and social communication programme consists of two projects which will be carried out nationwide. The advocacy project aims at generating sufficient political will to increase the proportion of the national budget and the amount of official assistance allocated to the social sectors. The programme will help the Government prepare and submit its report to the Committee on the Rights of the Child. It will monitor implementation of the rights of women and children as regards health and equitable access to basic social services. The social communications project aims at increasing the use of this medium for basic social services and developing practices which promote the health of children, women and everyone in the community. A communications component using modern media, such as radio and television, will support both projects. The United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Food and Agriculture Organization of the United Nations (FAO) will collaborate with the programme in the context of promoting the use of rural radio for the education of girls and women.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002[a]

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy planning and statistics	2 000	2 000	4 000
Health and nutrition	2 000	2 000	4 000
Basic education	2 000	2 000	4 000
Advocacy and communication	500	1 000	1 500
Total	6 500	7 000	13 500

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.